



Ohio Administrative Code Rule 5160-13-01 Clinic services.

Effective: April 10, 2023

(A) Unless otherwise noted, any limitations or requirements specified in the Revised Code or in agency 5160 of the Administrative Code apply to services addressed in this rule.

(B) This rule does not apply to federally qualified health centers (FQHCs) nor to rural health clinics (RHCs), policies for which are set forth in Chapter 5160-28 of the Administrative Code.

(C) Definition. "Clinic" is an entity that meets all of the following criteria:

(1) It renders healthcare services on an outpatient basis under the direction of a physician or dentist.

(2) It operates from a fixed location, a specifically designed mobile unit, or both.

(3) It is freestanding administratively, organizationally, and financially independent of an institution such as a hospital or long-term care facility. It may be physically located in a hospital or long-term care facility so long as it remains independent.

(4) It does not provide overnight accommodations.

(D) The following entities that meet the definition of a clinic may enroll with the Ohio department of medicaid (ODM) as a clinic provider:

(1) A dialysis center, defined as a "dialysis facility" in 42 C.F.R. 494.10 (October 1, 2022), that meets the following criteria:

(a) It is recognized by medicare as a dialysis facility;

(b) It operates in accordance with Chapter 3701-83 of the Administrative Code or, if it is located outside of Ohio, operates in accordance with its respective state's authority; and



- (c) It provides services in accordance with rule 5160-13-02 of the Administrative Code;

- (2) A family planning clinic that meets the following criteria:
 - (a) It is a public or nonprofit organization;

 - (b) It complies with federal guidelines set forth in 42 C.F.R. Part 59 (October 1, 2022);

 - (c) It is qualified to receive funding for pregnancy prevention services through Title X of the Public Health Services Act; and

 - (d) It provides pregnancy prevention services in accordance with Chapter 5160-21 of the Administrative Code;

- (3) An outpatient rehabilitation clinic that delivers rehabilitation services at a medicare-certified rehabilitation agency, defined in 42 C.F.R. 485.703 (October 1, 2022), or at a medicare-certified comprehensive outpatient rehabilitation facility (CORF), defined in 42 C.F.R. 485.51 (October 1, 2022);

- (4) A primary care clinic that meets either of the following criteria:
 - (a) It receives state or federal grant funds for the provision of health services; or

 - (b) It is an accredited provider of primary care services as recognized by one of the following entities:
 - (i) The joint commission;

 - (ii) The accreditation association for ambulatory health care (AAAHC);

 - (iii) The healthcare facilities accreditation program of the American osteopathic association (AOA);

- or



- (iv) The community health accreditation program (CHAP);

- (5) A professional dental school clinic associated with an accredited dental school;

- (6) A professional optometry school clinic associated with an accredited optometry school;

- (7) A public health department clinic that meets the following criteria:
 - (a) It has legal status as a local health department created by a city health district, a general health district, or a combined health district in accordance with Chapter 3709. of the Revised Code; and

 - (b) It meets the standards set forth under the authority of section 3701.342 of the Revised Code; or

- (8) A speech-language-audiology clinic that specializes in and provides speech, language, or audiology services delivered by professionals who meet the American speech-language-hearing association (ASHA) certification standards as determined by ASHA.

- (E) Payment for a covered service furnished in a clinic is made in accordance with the chapter or rule of agency 5160 of the Administrative Code that pertains to that service.